## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200300624-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first					
joint inventor (if plural names a patent is sought on the invention		subject matter w	hich is claimed	and for which a	
Handling Executions Except					
the specification of which is at	tached hereto unless the	e following box is	checked:		
( ) was filed on	as US Applic	as US Application No. or PCT International Application			
Number	and was amende	and was amended on (if applicable).			
I hereby state that I have revi including the claims, as amend disclose all information which is Foreign Application(s) and/or Claim of I	led by any amendment s material to patentabilit	(s) referred to abo	ove. I acknowle		
I hereby claim foreign priority benefits inventor(s) certificate listed below and a filing date before that of the applicati	have also identified below ar	ny foreign application f			
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
			YES:	NO:	
			YES:	NO:	
Provisional Application					
I hereby claim the benefit under Title below:	35, United States Code Sect	ion 119(e) of any Unit	ted States provisiona	al application(s) liste	

U. S. Priority Claim I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)		

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

> Place Customer 022879 Customer Number Number Bar Code Label here

APPLICATION NUMBER

Send Correspondence to: **HEWLETT-PACKARD COMPANY** Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400 Direct Telephone Calls To:

Tuan V. Ngo 408 447 8133

FILING DATE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Rajeev Grover	Citizenship: IN	
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Post Office Address:	Same as Residence		
larer	a gover	14 July 2003	

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200300624-1

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Inventor's Signature	During	Date	7/14/03	
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0/	The same of the sa		14/03	
Inventor's Signatur		Date		
Full Name of # 4 joint inventor Residence:	:		Citizenship:	
Post Office Address:				-
Inventor's Signature	<del>,</del>	Date	, , , , , , , , , , , , , , , , , , , ,	
		**		
Full Name of # 5 joint inventor	:		Citizenship:	
Residence:	·			
Post Office Address:				
Inventor's Signature				
inventor's Signature		Date		
Full Name of # 6 joint inventor			Citizenship:	
Residence:				-
Post Office Address:				
rust Office Address.				
Inventor's Signature		Date		-
Full Name of # 7 joint inventor	r:		Citizenship:	
Residence:				
Post Office Address:				·
Inventor's Signature		Date		
			•	
Full Name of # 8 joint invento	r:		Citizenship:	·
Residence:				
Post Office Address:	<del> </del>			
Inventor's Signature		Data		